

INTRODUCTION

“No one commits America’s Armed Forces to a dangerous mission lightly . . . Standing up for our principles will not come easy. It may take time and possibly cost a great deal. But we are asking no more of anyone than of the brave young men and women of our Armed Forces and their families.”

*– Statement of the President addressing the Nation before sending
U.S. troops to support Operation Desert Storm, August 8, 1990*

The President and his advisers understood the challenge facing American troops in August of 1990 and believed that the U.S. military was fully ready to meet that challenge. Tactically and strategically there was every reason to be confident. What no one knew was that some basic components of the American combat machine—specifically chemical and biological warfare readiness, health care readiness and monitoring, and health records management—were strained.

In the years following their deployment, many Gulf War veterans began reporting illnesses or health problems they believed were related to their service in the Gulf. As far as many of these veterans were concerned, neither the Department of Defense (DOD) nor the Department of Veterans Affairs (VA) was exercising appropriate diagnostic or prescriptive health care in response to their symptoms. The frustration many Gulf War veterans were experiencing from the inadequate responses of these two federal agencies was exacerbated by a troubling lack of health records from the war. In addition, information began circulating that suggested that there were events during the war which may have exposed some troops to health hazards yet were not fully documented in intelligence and operational records, had not been investigated, or were known but not acknowledged.

By 1992 and 1993, it was clear that there were problems with the way the Defense Department was telling the Gulf War story. It was also during this time that a new factor in the public exchange of information—the Internet—first became active. Web sites and chat rooms served as conduits for anecdotes, medical news, messages, exchanges of information that were sometimes factually correct and sometimes not, and simple pleas for help from Gulf War veterans and their families. There were stories of problems with the administration of a drug distributed to troops to lessen the effects of a chemical attack and accounts of faulty chemical weapons agent detection alarms.

Lacking any hard evidence to the contrary from DOD and doubting the limited information that was released by DOD and VA, veterans who were sick, the news media following their stories, and

others began using the newly-coined phrase “Gulf War Syndrome” to describe a growing list of physical symptoms many Gulf War veterans were experiencing. This concept of an unexplained but somehow linked set of illnesses caught the public’s attention and brought the concerns of Gulf War veterans in the United States to the front pages of newspapers around the world. To many of these veterans who had been hailed in parades around the country, the Gulf War was no longer a singularly celebrated victory in the past—it had become an event with hazy and ominous dimensions for the future.

Congress soon took up the challenge and began to take action both to find out what had happened to veterans in the Gulf War that might have triggered their illnesses and to enact measures to provide them with medical and other assistance. For example, in 1993 and 1994 the Senate Banking Committee issued reports on its inquiry into U.S. exports in the 1980s to Iraq of materials that can be used in the manufacture of chemical and biological weapons and of possible links to Gulf War veterans’ health problems. The Senate Committee on Veterans’ Affairs took an early interest in the health problems that Gulf War veterans were developing and the government’s responses, holding hearings, issuing reports, and sponsoring legislation. Committees of the House of Representatives have done the same.

Several other investigations into Gulf War veteran illnesses have also occurred or are still underway. Among these are studies carried out by a Defense Science Board panel in 1994 and by the Presidential Advisory Committee on Gulf War Veterans’ Illnesses, which was established in May 1995 for an initial one year term and extended until October 1997. At the Department of Defense, the Office of the Special Assistant for Gulf War Illnesses was established in late 1996 and in February of 1997 the Director of Central Intelligence established the Persian Gulf War Illnesses Task Force to provide intelligence community support on questions related to possible chemical and biological incidents during the Gulf War. In April of 1998, the President established a Gulf War Advisory Board to conduct oversight of DOD’s ongoing investigations into possible detections of and exposures to chemical or biological warfare agents and environmental or other factors that may have contributed to the illnesses of Gulf War veterans. Veterans service organizations and other non-governmental groups have also played key advocacy roles on behalf of ill Gulf War veterans. The reports and other products of all of these groups contain a broad spectrum of conclusions and opinions about the government’s role and responsibility during the Gulf War for the subsequent health of that war’s veterans.

And yet, despite many investigations and the passage of time, no clear understanding from an overall government perspective emerged as to what may have caused these veterans’ illnesses, what should be done to treat them, and how a similar situation can be avoided in the future. To help bridge this gap, the Senate Committee on Veterans’ Affairs created a bipartisan special investigation unit (SIU) in April of 1997 to undertake a comprehensive and detailed review of the situation.

What the SIU investigation found almost from the beginning was that the concept of a “syndrome,” usually defined as “a group of symptoms that together are characteristic of a specific disorder, disease, or the like,”¹ does not accurately describe what is collectively referred to as “Gulf War illnesses.” Instead, these veterans experience a variety of symptoms, illnesses, and disorders that do not appear to fit a particular pattern. Some of these medical personnel can readily identify; some defy conventional diagnosis. The SIU’s approach to this situation was not unlike that of a news story, in which the basic questions explored are “who, what, when, where, why, and how?” For the purpose of this investigation that meant: who is sick; what is the nature of the illnesses, symptoms, or disabilities; when did they become sick; where did the illnesses or symptoms originate; why were avoidable health hazards in the Gulf not prevented; and how can the government best help Gulf War veterans now?

The SIU’s defense-intelligence investigative team analyzed in detail the where, when, and why of Gulf War events, seeking links between the planning and operational side of the war and possible sources of health hazards. This team conducted an exhaustive survey of the equipment, policies, and information networks that surrounded and supported the troops in their various missions. It was through this part of the investigation that more was learned about the intelligence gaps, biological and chemical hazards training shortfalls, equipment deficits, and record-keeping shortcomings that led to possible health risk exposures. This evidence showed that certain specialized pieces of equipment designed to detect and warn of chemical weapons agents were not up to the task. It led the SIU to conclude that the Department of Defense at first neglected to fully investigate the destruction of a chemical weapons depot and later may have overstated the findings from its attempted computerized reconstruction of the event.

A second SIU team examined the VA’s Gulf War health and benefits programs to determine the efficacy of the VA’s examinations, diagnoses, and follow-on care, as well as the VA’s procedures for determining benefits eligibility and claims adjudication. This team asked: “How did the VA initially respond to Gulf War veterans’ health claims, is it doing a better job now, and will it be more responsive in the years to come?” The VA team learned that despite the VA’s Gulf War registry and despite written policies for health care protocols for Gulf War examinations, data from the registry and exams often was not properly collected or analyzed during the years following the registry’s establishment in 1993. The team conducted extensive in-field interviews and facility visits, and the results of its investigations reveal wide disparities among VA services with respect to appropriate care for Gulf War veterans.

This aspect of the investigation identified many shortcomings in the VA’s health care and benefits delivery processes that have not served Gulf War veterans well from the earliest days of their complaints. Time and time again, the SIU’s investigators found instances of poor judgement, inaccurate data, missing files, and bureaucratic barriers at VA medical centers and clinics that deprive Gulf War veterans in particular of timely and compassionate attention and treatment (although these problems at VA affect other veterans as well). While it would be unfair to paint all

VA facilities, staff, and managers with a broadly critical brush, some of the problems the investigators discovered call into question the ability of the VA to remedy its failures and provide proper care to Gulf War veterans.

The SIU's health-science team focused on the medical elements of this investigation—the morbidity, mortality, and epidemiology, or the who and what of the Gulf War illnesses story. This team looked at how DOD's health-related decisions prior to and during the Gulf War deployment may have affected the health of Gulf War veterans. They described what kinds of health threats Gulf War veterans could have encountered, including pesticides, oil well fire toxins, fumes from diesel engines and tent heaters, sand-fly-borne leishmaniasis, and potential reactions to vaccines as well as drugs such as pyridostigmine bromide. The team also described the health problems of Gulf War veterans and consulted with scientific experts to learn even more about how Gulf War exposures might be associated with illnesses. This team looked at how Gulf War veterans are being diagnosed and treated by DOD and VA, and what types of research are being funded to learn about reasons for these illnesses. Perhaps one of the most important lessons learned as a result of the health-science aspect of this investigation was how DOD's failure to keep records during the Gulf War is severely limiting the ability of researchers to learn more about these illnesses. The absence of good records also hampers the VA's ability to treat ill Gulf War veterans and to make the best possible benefits decisions for them.

The SIU completes its work with this report, but the Committee's oversight of this important issue will go on. This report represents a concerted effort to answer basic questions that have long been asked by Gulf War veterans, their families, Congress, and the public as to why these veterans are ill and, what is more important, how they can get better. This report comprehensively identifies weaknesses in the Defense Department's policies, plans, and procedures that may have caused Gulf War personnel to be exposed unnecessarily to certain health risks. It also identifies shortcomings in the VA's methods and policies for providing compensation benefits and health care to veterans of the war.

This report would be incomplete, however, if it did not commend the good work being done by so many dedicated men and women in VA, DOD, CIA, and other agencies and non-governmental groups, including veterans service organizations, who have worked and continue to work hard on behalf of Gulf War veterans. The investigative staff could not have accomplished all it did, in the time available, without the cooperation of countless individuals whose personal caring and professionalism are focused on relieving the anxiety, the pain, and the heartbreak evident among many Gulf War veterans and their families. The SIU equally owes a debt of gratitude to the many Gulf War veterans and their families who took the time to provide the investigation with invaluable information about their experiences. This report is for them.